



Acoustics 2009 : Research to Consulting  
 University of Adelaide  
 23-25 November 2009



## 1. SELECT ACCOMMODATION REQUIREMENTS

Please indicate your preferred hotel and room type by placing a tick beside the hotel of choice. All rates include GST and are valid for up to two people per room unless otherwise indicated. Please note that allocation of smoking and non smoking rooms is at the final discretion of your chosen hotel. Other hotels are available on request. Hotel rooms & rates are subject to availability at time of booking.

I would like a:  Double Room  Twin Room  Non-Smoking Room preferred

<b>Hyatt Regency Adelaide *</b>	<b>5 Star</b>	<b>Mercure Hotel Grosvenor Adelaide</b>	<b>4 Star</b>
5 min walk to venue \$240 per Standard King Room per night \$240 per Standard Twin Room per night		5 min walk to venue \$150 per Standard Double Room per night \$150 per Standard Twin Room per night	
<b>The Sebel Playford Adelaide #</b>	<b>5 Star</b>	<b>Adelaide Paring</b>	<b>3.5 Star</b>
7 min walk to venue \$219 per Playford Guestroom per night \$239 per Deluxe Guestroom per night		10 min walk to venue \$109 per Standard Queen Room per night \$109 per Standard Twin Room per night	
<b>Mantra Hindmarsh Square Adelaide</b>	<b>4 Star</b>		
15 min walk to venue \$204 per 1 Bedroom Suite per night \$269 per 2 Bedroom Suite per night			

\* Any cancellations made within 30 days prior to check in will incur 1 nights fee. Any cancellations made within 10 days prior to check in will incur 100% fee. # Any cancellations made within 15 day prior to check in will incur 100% cancellation fee.

## 2. CONFIRM GUEST DETAILS

<b>Primary Guest Details</b>		<b>Arrival Date</b>	<b>Departure Date</b>
First Name	Surname	DD   MM   YY	DD   MM   YY
<b>Secondary Guest Details</b>		<b>Arrival Date</b>	<b>Departure Date</b>
First Name	Surname	DD   MM   YY	DD   MM   YY
Company Name	Tel	Fax	Email
Street	Suburb	State	Post Code

## 3. CREDIT CARD GUARANTEE

Please guarantee my reservation to the following credit card (I understand that payment will not be deducted by TLG however in the event that I no show or cancel my booking within 72 hours of the date of arrival the hotel may charge a no show or cancellation fee)

1. Name on Credit Card

2. Credit Card Type

Visa  Mastercard  Amex  Diners

3. Credit Card Number

4. Expiry Date

 / 

5. Signature

## 4. BOOK ONLINE, VIA EMAIL, FAX, TELEPHONE OR MAIL YOUR BOOKING FORM



Book Online

[lido.com.au](http://lido.com.au)

[rachelp@lido.com.au](mailto:rachelp@lido.com.au)



Fax

02 8585 0802



Phone Bookings

1800 817 339



Post

The Lido Group  
 PO Box 906  
 Rozelle  
 NSW 2039



**PLEASE COMPLETE THIS FORM AND RETURN TO FAX 02 8585 0802**